MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/070833   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		*		*		*		
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5		1			56						
7	1						57						
8		1					58						
9		2		1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15							65						
16							66						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.				2			TOTAL IND.						
TOTAL DEP.				12			TOTAL DEP.						
TOTAL CLAIMS				14			TOTAL CLAIMS						

TO-1360 (3-78)